

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Jennifer Phillips**Prior Bankruptcy Case Filed Within Last 8 Years**

(If more than one, attach additional sheet)

Location Where Filed:

NONE

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor

(If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy code.

X /s/ Paul M. Bach**7/6/2006**

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

☐ Yes, and exhibit C is attached and made a part of this petition.☒ No**Certification Concerning Debt Counseling by Individual/Joint Debtor(s)**☒ I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.☐ I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing)**Information Regarding the Debtor (Check the Applicable Boxes)****Venue** (Check any applicable box)☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principle assets in the United States in this District, or has no principle place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interest of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

Check all applicable boxes.

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)_____
(Name of landlord that obtained judgment)_____
(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Jennifer Phillips**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jennifer Phillips

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

7/6/2006

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documentation required by § 1515 of title 11 are attached.

☐ Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign proceeding is attached.

X

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

7/6/2006

(Date)

Signature of Attorney**X /s/ Paul M. Bach**

Signature of Attorney for Debtor(s)

Paul M. Bach 06209530

Printed Name of Attorney for Debtor(s)

Law Firm of Paul M. Bach

Firm Name

1955 Shermer Road, Unit 150

Address

Northbrook IL 60062**847-564-0808**

Telephone Number

7/6/2006

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; Required by 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

7/6/2006

Date

FORM B6D (10/05) West Group, Rochester, NY

In re Jennifer Phillips / Debtor

Case No. _____
(if known)

SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See U.S.C. § 112; Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column marked "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above)	C o d e b t o r	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if any
Account No: XXXX Creditor # : 1 Marquette Consumer Finance 3405 Annapolis Lane North Suite 100 Plymouth MN 55447-5344		10/05 auto loan 2005 Chrysler Town & Country Van Value: \$ 20,000.00				\$ 27,717.00	\$ 7,717.00
Account No:							
Account No:							
Account No:							
Account No:							

No continuation sheets attached

Subtotal \$ (Total of this page)	27,717.00
Total \$ (Use only on last page)	27,717.00

In re Jennifer Phillips

/ Debtor

Case No. _____

(if known)

SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. If applicable, also report this total on the Means Test form.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, custom duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

FORM B6F (10/05) West Group, Rochester, NY

In re Jennifer Phillips / Debtor

Case No. _____
(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. 112; Fed.R.Bankr.P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim without deductiong value of colateral
		H--Husband W--Wife J--Joint C--Community					
Account No: 2056 Creditor # : 1 Americollect Inc. 814 S. 8th St Manitowoc WI 54220-0311		9/04 Medical Bill in collection					\$ 109.00
Account No: 0143 Creditor # : 2 Armor Systems Corp 2322 N. Green Bay Rd Waukegan IL 60087-4209		8/03 Medical Bill					\$ 74.00
Account No: 7130 Creditor # : 3 Bank of Hoven/Plains Commerce PO Box 89940 Sioux Falls SD 57109-6940		2/05 Credit					\$ 425.00
Account No: 9636 Creditor # : 4 Caron Pirie Scott P.O. Box 5000 Hammond Indiana 46325-5000		7/96 Store Credit					\$ 1,573.00

2 continuation sheets attached

Subtotal \$ (Total of this page)	2,181.00
Total \$ (Report total also on Summary of Schedules)	

FORM B6F (10/05) West Group, Rochester, NY

In re Jennifer Phillips / Debtor

Case No. _____
(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim without deductiong value of colateral
Account No: XXXX Creditor # : 5 Cavalry Investments, LLC 7 Skyline Dr, Ste 3 Hawthorne NY 105322-216		7/02 AT & T wireless bill collections				\$ 60.00
Account No: 1496 Creditor # : 6 Aspire/CB&T POB 105555 Atlanta GA 30348-5555		12/05 Revolving account				\$ 643.00
Account No: 1980 Creditor # : 7 Household Credit Services P.O. Box 98706 Las Vegas NV 89193-8710		2/03 Credit				\$ 2,969.00
Account No: 1559 Creditor # : 8 Household Credit Services P.O. Box 98706 Las Vegas NV 89193-8706		6/00 Credit				\$ 682.00
Account No: Creditor # : 9 Med Health Financial Svcs 9000 W. Wisconsin Ave, #604 Milwaukee WI 53226-3518		2/05 Medical Bill				\$ 449.00
Account No: 9836 Creditor # : 10 Northwest Collecors Inc. 3601 Algonquin Rd, Ste 500 Rolling Meadows IL 600008-314		1/02 Dental Bill				\$ 260.00

Sheet No. 1 of 2 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	5,063.00
Total \$ (Report total also on Summary of Schedules)	

FORM B6F (10/05) West Group, Rochester, NY

In re Jennifer Phillips / Debtor

Case No. _____
(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H--Husband W--Wife J--Joint C--Community	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim without deductiong value of colateral
Account No: <u>2952</u> Creditor # : 11 Peoples Gas Bill Payment Center 130 East Randolph Drive Chicago IL 60601		7/02 Utility Bills				\$ 793.00
Account No: <u>4710</u> Creditor # : 12 Progressive Asset Mgmt 5924 E. Los Angeles Ave Simi Valley CA 93063-5526		1/04 Telephone Bill				\$ 168.00
Account No: <u>XXXX</u> Creditor # : 13 Sallie Mae LCSF 1002 Arthur Drive LYNN HAVEN FL 32444-1683		6/99 Student Loan				\$ 15,468.00
Account No: <u>XXXX</u> Creditor # : 14 Sallie Mae LSCF 1002 Arthur Drive LYNN HAVEN FL 32444-1683		6/99 Student Loan				\$ 62,159.00
Account No: _____ 						
Account No: _____ 						

Sheet No. 2 of 2 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	78,588.00
Total \$ (Report total also on Summary of Schedules)	85,832.00

In re **Jennifer Phillips**

/ Debtor

Case No. _____

(if known)

SCHEDULE I-CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12, or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
EMPLOYMENT: DEBTOR		SPOUSE
Occupation		
Name of Employer		
How Long Employed		
Address of Employer		
Income: (Estimate of average monthly income)		DEBTOR SPOUSE
1. Current Monthly gross wages, salary, and commissions (pro rate if not paid monthly)		\$ 4,193.50 \$ 0.00
2. Estimated Monthly Overtime		\$ 0.00 \$ 0.00
3. SUBTOTAL		\$ 4,193.50 \$ 0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll Taxes and Social Security		\$ 565.20 \$ 0.00
b. Insurance		\$ 943.46 \$ 0.00
c. Union Dues		\$ 0.00 \$ 0.00
d. Other (Specify):		\$ 0.00 \$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS		\$ 1,508.66 \$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY		\$ 2,684.84 \$ 0.00
7. Regular income from operation of business or profession or farm (attach detailed statement)		\$ 0.00 \$ 4,815.00
8. Income from Real Property		\$ 0.00 \$ 0.00
9. Interest and dividends		\$ 0.00 \$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.		\$ 0.00 \$ 0.00
11. Social Security or other government assistance		
Specify:		\$ 0.00 \$ 0.00
12. Pension or retirement income		\$ 0.00 \$ 0.00
13. Other monthly income		
Specify:		\$ 0.00 \$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13		\$ 0.00 \$ 4,815.00
15. TOTAL MONTHLY INCOME (Add amounts shown on lines 6 and 14)		\$ 2,684.84 \$ 4,815.00
16. TOTAL COMBINED MONTHLY INCOME: \$ 7,499.84		(Report also on Summary of Schedules)
17. Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:		

In re Jennifer Phillips / DebtorCase No. _____
(if known)**SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR**

Complete this schedule by estimating the average expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	2,300.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	250.00
b. Water and sewer	\$	50.00
c. Telephone	\$	100.00
d. Other	\$	0.00
Other	\$	0.00
Other	\$	0.00
3. Home maintenance (Repairs and upkeep)	\$	0.00
4. Food	\$	450.00
5. Clothing	\$	100.00
6. Laundry and dry cleaning	\$	25.00
7. Medical and dental expenses	\$	50.00
8. Transportation (not including car payments)	\$	150.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	40.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	120.00
b. Life	\$	1.50
c. Health	\$	0.00
d. Auto	\$	150.00
e. Other	\$	0.00
Other	\$	0.00
Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	560.00
b. Other:	\$	0.00
c. Other:	\$	0.00
d. Other:	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	1,580.00
17. Other: personal grooming	\$	50.00
Other: Daycare	\$	600.00
Other:	\$	0.00
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	6,576.50
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Total monthly income from Line 16 of Schedule I	\$	7,499.84
b. Total monthly expenses from Line 18 above	\$	6,576.50
c. Monthly net income (a. minus b.)	\$	923.34

Americollect Inc.
814 S. 8th St
Manitowoc, WI 54220-0311

Armor Systems Corp
2322 N. Green Bay Rd
Waukegan, IL 60087-4209

Bank of Hoven/Plains Commerce
PO Box 89940
Sioux Falls, SD 57109-6940

Caron Pirie Scott
P.O. Box 5000
Hammond, Indiana 46325-5000

Cavalry Investments, LLC
7 Skyline Dr, Ste 3
Hawthorne, NY 105322-216

Aspire/CB&T
POB 105555
Atlanta , GA 30348-5555

Household Credit Services
P.O. Box 98706
Las Vegas, NV 89193-8710

Household Credit Services
P.O. Box 98706
Las Vegas, NV 89193-8706

Marquette Consumer Finance
3405 Annapolis Lane North
Suite 100
Plymouth, MN 55447-5344

Med Health Financial Svcs
9000 W. Wisconsin Ave, #604
Milwaukee , WI 53226-3518

Northwest Collecors Inc.
3601 Algonquin Rd, Ste 500
Rolling Meadows, IL 60008-314

Paul M. Bach
1955 Shermer Road, Unit 150
Northbrook, IL 60062

Peoples Gas
Bill Payment Center
130 East Randolph Drive
Chicago, IL 60601

Jennifer Phillips
1460 Ferndale Avenue
Highland Park, IL 60062

Progressive Asset Mgmt
5924 E. Los Angeles Ave
Simi Valley, CA 93063-5526

Sallie Mae LCSF
1002 Arthur Drive
LYNN HAVEN, FL 32444-1683

Sallie Mae LSCF
1002 Arthur Drive
LYNN HAVEN, FL 32444-1683